



Depression and Bipolar
Support Alliance

November 25, 2013
1115 Waiver Input

The Depression and Bipolar Support Alliance (DBSA) appreciates the opportunity to provide input to the 1115 Waiver concept paper being drafted by Department of Healthcare and Family Services. Having the opportunity to take an active role in shaping the development and delivery of health care services to the citizens of Illinois today and for future generations is an honor and duty we do not take lightly.

DBSA is a national mental health advocacy organization created by and for people who live with mood disorders. DBSA provides wellness-oriented, empowering services and resources in our 800 local support groups, online, in audio and video casts, and in printed materials. DBSA's 300 chapters across the nation—along with our programs, communications, and resources—reach two million people each year. Our 30 chapter affiliates in Illinois stretch from Rockford in the north to Belleville in the south offering support to 5,540 members.

We are not an organization of clinical professionals; rather, we are an organization made up primarily of people who experience mood-related symptoms and issues. From this first-person perspective, and with our commitment to ensuring access to appropriate, quality care, we respectfully make the following recommendations.

I. Incorporate Peer Support Services

Quoting from section 1B of the concept paper, "it has become nearly impossible in Illinois to provide the depth and breadth of long-term support and services that are needed by the Medicaid population with co-morbidities including mental illness, substance use disorders, and chronic health

We've been there. We can help.



Depression and Bipolar
Support Alliance

conditions. We believe that we cannot produce the desired health outcomes – while bending the cost curve for these most expensive clients – without enhancing these community-based services.”

To support achievement of these goals with respect to providing mental health services, DBSA recommends aggressive adoption of the recovery treatment model. Specifically, we recommend a model that incorporates peer support services, delivered by trained and certified peer specialists. Peer support is a proven strategy towards achieving recovery, building on strengths to overcome barriers and attain a full life in the community, including meaningful work, a home and friends.

According to SAMSHA, 2012, peer specialists complement and increase the effectiveness of traditional mental health service models by enhancing personal engagement, rapport and advocacy in a person’s own wellness program. Drawing on their own experience, peers can provide a unique perspective on the mental health service system. Peers are often more proficient with the technical aspects of benefit acquisition and provide the rapport to keep consumers engaged with the process (Kristen Lupfer, 2012).

Peers in the process of recovery are excellent role models and provide invaluable support for people dealing with suicidal ideation. They have much experiential knowledge dealing with common concerns and problems. When provided with a peer role model, consumers show significant gains in expanding their social networks and reducing suicidal ideation (Chinman 2001). Peer support groups provide similar benefits. Research shows that peer support group members experience a significant decrease in family stress, improvement in interpersonal relationships and an increase in the number of supported persons (Thompson DR, Norman I, 2008).

We’ve been there. We can help.



Depression and Bipolar
Support Alliance

Incorporating peer support services is proven to be cost effective. According to the Georgia Department of Behavioral Health & Developmental Disabilities, treatment programs that incorporated peers services cost the state on average \$967 per year versus \$6491 for day treatment. In a similar study in New York, 71% of the people participating in a peer services program were able to stay out of the hospital. In short, policies that fund integrated treatment models to include peer support services, support more successful treatment outcomes and provide a cost efficient delivery model.

The Centers for Medicare & Medicaid Services endorses this model. In an August 2007 policy letter to State Medicaid Directors, former director, Dennis G. Smith writes, “Peer support services are an evidenced-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery of mental illness. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery and consumer protection through use of these services. As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use services delivery system. “

II. Invest in Training and Certifying Peer Support Specialists

However as Pathway #3 of the concept paper suggest, there must be the capacity to address the needs of “newly eligible” adults and “already eligible clients.” Further, Pathway #4 states “Illinois falls well below the national median in its use of non-physician providers. In the same August, 2007 letter, referenced above, CMS addresses this need by setting out requirements for peer support services. “Peer support providers should be self-identified consumers who are in recovery from mental illness

We’ve been there. We can help.



Depression and Bipolar
Support Alliance

and/or substance use disorders. Peer support providers must be sufficiently trained to deliver these services. Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.”

The nation’s largest integrated health care system, the Department of Veterans Affairs, has already initiated significant movement in this direction. As a result of an Executive Order from the Obama Administration, the VA has trained and hired 815 peer specialists and peer apprentices in 2013 alone. Peer specialists and apprentices are now working at every VA medical center throughout the country as well as at Community Outpatient Clinics.

It is the recommendation of DBSA that the 21st Century Health Care Workforce as outlined in the concept paper must include policies that invest in training and certification of peer specialists.

III. Mental Health Coverage for Children

DBSA also recommends that the State include in its existing Katie Beckett waiver (which will be consolidated with all the state's HCBS's waivers through the 1115 waiver) intensive home and community-based services, as well as time-limited, family-directed residential care, for children with serious mental illnesses or mood disorders.

In one of the largest studies to date on pediatric bipolar disorder, funded by the National Institute of Mental Health, it was revealed that mood disorders affect children more severely than

We’ve been there. We can help.



Depression and Bipolar
Support Alliance

adults. It has been further documented that 70% of children recovered from their initial episode, but 50% had a relapse, especially around depressive disorder. More importantly, bipolar disorder can lead to suicide. In one study of bipolar adolescents, 20 percent made at least one significant suicide attempt. Because the state does not offer sufficient community-based services for these children and has severely restricted the Individual Care Grant Program, many families are forced to relinquish custody of their child solely for the purposes of obtaining mental health care, out of necessity, because wards of the state are entitled to these services. Including children's mental health services in the state's Katie Beckett waiver would significantly reduce repeated hospitalizations for these children and allow them the treatment they need to become productive young adults.

In summary, DBSA strongly encourages the Department of Healthcare and Family Services to create a health care system that supports the mental health needs of our citizens in Illinois. We can accomplish this by ensuring peer support services are part of the integrated health care delivery model regardless of location of services; developing policies that support peer specialist training programs to certify an adequate employment pool of peer specialists, and including the Katie Beckett waiver to ensure mental health care services are available to children based on parental and self-directed treatment plans.

Sincerely,

Phyllis Foxworth
Advocacy and Communication Manager
Depression and Bipolar Support Alliance

We've been there. We can help.

730 N. Franklin Street, Suite 501 • Chicago, IL 60654-7225
(312) 642-0049 • Toll-Free (800) 826-3632 • Fax (312) 642-7243 • www.DBSAAlliance.org